

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035052
4776 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Register's District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 2011 E 10th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle Williams Last Williams		4. DATE OF DEATH Month September Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1 9 1887 9. AGE (last birthday) 75 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter		10b. KIND OF BUSINESS OR INDUSTRY pullman Co.	
11. BIRTHPLACE (City and state or country) Shreveport La.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Squire Williams		13b. MOTHER'S MAIDEN NAME Mary Jones	
14. NAME OF HUSBAND OR WIFE Mattie Mae Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mattie Mae Williams 2011 E 10th	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis DUE TO (b) Carcinoma head of pancreas with metatasis DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 3:15 Month, Day, Year 8-20-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) West lawn	
20f. CITY, TOWN, OR LOCATION K.C.		COUNTY Kans. STATE Kans.	
21. I attended the deceased from 8-20-62 to 9-13-62 and last saw her alive on 9-13-62 Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2400 Cherry	
22c. DATE SIGNED 9-13-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 9-18-62		23c. NAME OF CEMETERY OR CREMATORY West lawn	
23d. LOCATION (City, town, or county) K.C.		23e. DATE RECD. BY LOCAL REG. 9-17-62	
23f. REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR Jones & Stevens	
ADDRESS K.C. Mo		25. DATE RECD. BY LOCAL REG. 9-17-62	
26. REGISTRAR'S SIGNATURE [Signature]		27. DATE RECD. BY LOCAL REG. 9-17-62	

DOCUMENT

MEDICAL CERTIFICATION

E. Frank Ellis

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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2 3 178

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ernest L. Chapin

Licensed Embalmer No.

4437

P. O. Address

2111

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.